

# DCFS STAFF SAFETY INCIDENT REPORT

**STAFF INVOLVED:**

Name:  
Position:

**WITNESS(ES):**

Name:  
Position:

**PHYSICAL ATTACK:**

- ☐ 1. Physical Harm  
☐ Medical Attention Required  
For ☐ Employee(s)  
Whom? ☐ Bystander(s)  
☐ Perp.

Office Phone:

Parish:

Region:

Name:

Position:

- ☐ 2. Damage to property  
☐ 3. Weapon Used/Possessed  
☐ 4.  
Other:

Date of Incident:

Time of Day:

**CASE INFORMATION:**

Case Name:

TIPS#:

**LOCATION OF INCIDENT**

- ☐ 1. Staff's Home  
☐ 2. Client's Property/Residence  
☐ 3. DCFS Office  
☐ 4. Court  
☐ 5. Other \_\_\_\_\_

**THREAT:**

- ☐ 1. Physical Harm  
☐ 2. Damage to property  
☐ 3. Other  
☐ A. Face to face  
☐ B. Written  
☐ C. Telephone  
☐ D. Third Party  
☐ E. Other: \_\_\_\_\_

**ALLEGED PERPETRATOR:**

Name:

- ☐ 1. Client  
☐ 2. Client's Spouse  
☐ 3. Client's Friend

**TYPE OF STAFF:**

- ☐ 1. CSE  
☐ 2. CW  
☐ 3. ES  
☐ 4. DDS  
☐ 5. Administration ☐ Regional ☐ State

**POLICE INVOLVEMENT:**

- ☐ 1. Police called following incident  
☐ 2. Police with staff at time of incident  
☐ 3. Perpetrator arrested  
☐ 4. Charges Filed  
File # \_\_\_\_\_

**NATURE OF INCIDENT**

NARRATIVE: What occurred/how you responded:

Submitted by: \_\_\_\_\_

Worker

\_\_\_\_\_ Date

Received by: \_\_\_\_\_

Worker

\_\_\_\_\_ Date

Any Additional Safety Issues: